	<b>FIFT 344</b>		.2	STAND	リARひ しとRiIF	ICATE OF DEAT	TH			197	<i></i>
	FLED MAY	r 20 195	<b>7</b> gistration C			imary Registration D			TE FILE N		29
1	. PLACE OF DE	ATH	. Lou	·		2. USUAL RESID		feceased lived	l. If instituti	on: Residenc	
-	b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Oline Fig. 8  No  O					c. CITY OR TOWN	) alian	Con	020	Insid	e Limits
	c. FULL NAME	of (II NOT II	hospital, g	give location) Ler	igth of stay in 16	A STREET	1206 T	(If ourside, Will (	give locatio Court		e on Farm
١.	NAME OF DECEASED (Type or print)		First Carl		Middle L.	Last Wolff		DATE OF DEATH	Month	Day 30	Year 57
•	sex Male	6. coLor of Whi		7. MARPIED E	EVER MARRIED	8. DATE OF BIRTH 2/25/189	I .	. AGE (In yea last birthday	rs IF UNDER		DER 24 HRS.
a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator				11. BIRTHPLACE (City and state or country) St. Louis, Mo.			U.S.A.		UNTRY?		
15. (Ye	FATHER'S NAME Adam Wolff					Catheri	14. MOTHER'S MAIDEN NAME Catherine Ernst				
	es, no, or unknown) NO	VER IN U. S. AR (If yes, give war		raica)		Mrs. Ne	Llie Wo		1206 !	Twill	Ct.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Wide spread seven									INTERVAL 6	BETWEEN
	74811. 20		D BY: 1 AUSE (a)	Wide spr		ere injur	ies co	mpatib	ole	ONSET ANI	DEATH
	Conditions	IMMEDIATE C		<del></del> _	read sev	ere injur accident		mpatik	1e	ONSET ANI	DEATH
		immediate C  if any. c rise to use (a), under-		<del></del> _	read sev			mpatik g/b g6	)le <del> </del>	ONSET ANI	DEATH
	Conditions which gas above cat stating the lying cau	immediate Constitution of the constitution of	E TO (b)	with au	read sev	accident	SE CONDITION GIV	8/ b 2 6 TEN IN PART 1(4	<b>4</b>	19. WAS AU PERFORI	TOPSY MED?
	Conditions which gas above cat stating the lying cau	IMMEDIATE C	E TO (b)  E TO (c)  CONDITIONS C	With au Contributing to DEA	tomobile  TH BUT NOT RELATE  W INJURY OCCURR  TO CAT	accident  or to the Terminal Disea  ED. (Enter nature of  which wa	se condition Giv injury in Part 18 hit	gb gb In Part 1(q I or Part 11 o	4 ),,, ); (tem 18.)	19. WAS AU PERFOR YES N N	TOPSY MED? o X 2
	Conditions which gaes above can stating the lying cau PART II, Of  20a. ACCIDENT  20c. TIME OF F	IMMEDIATE C	E TO (b)	With au Contributing to DEA	TH BUT NOT RELATED W INJURY OCCURR TO G CAT LOST CO	accident  TO THE TERMINAL DISEA  ED. (Enter nature of	se condition Giv injury in Part 18 hit	gb gb In Part 1(q I or Part 11 o	4 ),,, ); (tem 18.)	19. WAS AU PERFOR YES N N	TOPSY MED?
	Conditions which you above can stating the lying cau PART II. Or 20a. ACCIDENT  20a. ACCIDENT  20c. TIME OF F T NURY X X X X X X X X X X X X X X X X X X X	immediate constitution of the constitution of	HOMICIDE  Day, Year  O/57	with au contributing to DEA	TH BUT NOT RELATED W INJURY OCCURR F OF CAT LOST CO CAT in or about home.	accident  or the Terminal Disea  ED. (Enter nature of Which Wa	se CONDITION GIN injury in Part S hit his ca	g/b gb en in part i(g for Part III o in the r and	4 ),,, ); (tem 18.)	19. WAS AU PERFOR YES NO	TOPSY MEDT O M 2  a car with
MEDICAL CENTIFICATION	Conditions which you above can stating the lying cau PART II. Or 20a. ACCIDENT  20a. ACCIDENT  20c. TIME OF F T NURY X X X X X X X X X X X X X X X X X X X	SUICIDE  Suic Month,  Line Mont	Day, Year O/57	CONTRIBUTING TO DEA  200. DESCRIBE HO  Operator  he then  another  E OF INJURY (e.g., , factory, street, offi	TH BUT NOT RELATED  WINJURY OCCURR OF CAT  LOST CO  CAT  in or about home, ce bldg., etc.)	ecident  orothe Terminal Disea  ED. (Enter nature of  which was  ntrol of	se condition Given injury in Part  as hit  his ca  R LOCATION  ACTOS  and last	g/b g/b fen in PART 1(q for Part 11 q in the r and St. saw her a	of item 18.) of rear colli	19. WAS AU PERFOR YES N N E L ded V	TOPSY MEDT O X 2 A CAI VITH STATE MO
MEDICAL CENTIFICATION	Conditions which gas, above can stating the lying cause PART II. On 20a. ACCIDENT  20a. ACCIDENT  20c. TIME OF FINURY TO THE OF T	IMMEDIATE C  I, if any. e rise to use (a), which be last.  SUICIDE  Flour Month, I, m. 4/3  URRED  NOT WHILE AT WORK  The deceased at reed at	Day, Year O/57	206. DESCRIBE HO Operator he then another e of injury (e.g., factory, street, offi i ghway  7:00 p (Degree of title)	TH BUT NOT RELATED  WINJURY OCCURR OF CAT  LOST CO  CAT  in or about home, ce bldg., etc.)	ecident  orothe reminal Disea  ED. (Enter nature of  which was  ntrol of  20/. city, town, of  Moline  stated above; and	injury in Part IS hit NIS CA R LOCATION ACTOS  and last	g/b g/b fen in PART 1(q for Part 11 q in the r and St. saw her a	of item 18.) of rear colli	19. WAS AU PERFOR YES N E L ded V	TOPSY MEDT O X 2 A CAI VITH STATE MO
SELECTIFICAT	Conditions which you which you above can stating the lying cau stating the lying cau PART II. OT 20a. ACCIDENT  20a. ACCIDENT  20a. ACCIDENT  20a. INJURY OCCUMULE AT WORK  21. I attended Death occumulations and cause of the light occumulations are sensored to the light occumulations. Burnal, Cremation Removal (Specific Duly 1 al.)	IMMEDIATE C  IMMED	Day, Year O/57	200. DESCRIBE HO Operator he then another e of injury (e.g., factory, street, offi 1 ghway  7:00 p  (Degree of this) 23c. NAME C	TH BUT NOT RELATED  WE INJURY OCCURR  Of CAT  LOST CO  CAT  in or about home, ce bldg., etc.)	ecident  orothe Terminal Disea  ED. (Enter nature of  which was  ntrol of  20f. city, town, of  Moline  stated above; and  22b. Address  Claytor.  REMATORY	se CONDITION GIVE Injury in Part Is hit his cause of the Location Acres and last I to the best of the Location St. L.	In the saw her a point know the course of th	or county) County County	19. WAS AU PERFOR YES N N N N N N N N N N N N N N N N N N N	TOPSY MED? O M 2  A CAT VITH  STATE MO.
	Conditions which pass which pass above can stating the lying cau PART II. On PART II. On PART III. I attended Death occur and Pass III. I attended Death occur Pass III. BURIAL, CREMATION REMOVAL IS PECIFS DUP 1 AL.  FUNERAL DIRECTO	IMMEDIATE C  IMMED	HOMICIDE  BODO  TO (6)  CONDITIONS CO  HOMICIDE  AND  Day, Year  O/57  20c. PLACE  farm  h	200. DESCRIBE HO Operator he then another e of injury (e.g., factory, street, offi 1 ghway  7:00 p  (Degree of this) 23c. NAME C	THE BUT NOT RELATED  WE INJURY OCCURRE TO G CAT  IN OF About home, ce bldg., etc.)  Corone T  OF CEMETERY OR CO  CORO	ecident  orothe Terminal Disea  ED. (Enter nature of  which was  ntrol of  20f. city, town, of  Moline  stated above; and  22b. Address  Claytor.  REMATORY	se condition Given injury in Part is hit his cause of the best of	EN IN PART I(question of the saw her and sof my known out is (City, town, out is (distracts significant)	or county) County County	19. WAS AU PERFOR YES N N N N N N N N N N N N N N N N N N N	TOPSY MED? 2 O M 2 Car Vith  STATE MO.  co stated TE SIGNED 7/57

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

working under my personal supervision..

Signature of Student Embalmer

Warren a Car

P. O. Address

Licensed Embalmer No. :-

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.